

Public Benefits

VA's inherent responsibility is to serve America's veterans and their families with dignity and compassion, and to be their principal advocate for medical care, benefits, social support, and lasting memorials. VA promotes the health, welfare, and dignity of all veterans in recognition of their service to the Nation. VA positively impacts the lives of veterans and their families, as well as the Nation as a whole. As stewards for the government, we strive to improve the efficiency, effectiveness, and management of all VA programs. The following illustrations are a few examples of VA innovation and our desire to improve.

Medical Care

A recent article in the *New England Journal of Medicine*, "Effect of Transformation of the Veterans Affairs Health Care System on the Quality of Care," highlighted VHA's success over the past several years in substantially improving quality of care. Success was measured two ways: 1) by comparing VA quality of care indicators for 1994-95 with indicators for 1997-2000, and 2) by comparing VA quality of care indicators for 1997-2000 to similar indicators from the Medicare fee-for-service system for the same period. In the VA-to-VA comparison, the findings for 2000 showed that the percentage of patients receiving appropriate care was 90 percent or greater for 9 of the 17 quality of care indicators and 70 percent or greater for 13 of the 17 indicators. When VA was compared with the Medicare fee-for-service system for 11 similar quality of care indicators, VA performed significantly better on all 11 for the period 1997-1999. In 2000, VA's results exceeded Medicare on 12 of 13 similar indicators. Although several factors are

discussed that influenced VA's performance, the authors stressed that the fundamental catalyst was the reengineering of VA health care, which included implementation of a systematic approach to the measurement of, management of, and accountability for quality.

Although improvements in clinical knowledge are critical in improving care, technology also plays an important role. The ability to access critical patient information or medical knowledge quickly and reliably is becoming increasingly important. VISN 2 was named one of the Nation's Most Wired Hospital and Health Systems in *Hospitals and Health Networks*, the journal of the American Hospital Association (AHA). The VISN was selected following a benchmarking study conducted by the AHA in cooperation with McKesson Information Solutions, Quest Communications International, and the Healthcare Information and Management Systems Society. VISN 2 was recognized for its patient safety/risk management program Web site. VA is at the forefront of efforts

to incorporate technology that enables clinicians, managers, and patients to seamlessly access timely and accurate information.

In the field of electronic health records systems, VHA is the vanguard for national standards. The Department of Health and Human Services recently announced an initiative to adopt uniform national standards, based on standards already used by VHA, throughout the federal government for electronic health records. VHA's electronic health record system, identified by the Institute of Medicine as one of the best in the Nation, is fully electronic, portable, and readily accessible. VHA developed the electronic record system to provide a single place for health care providers to review and update a patient's health record and order medications, special procedures, X-rays, diets, laboratory tests, and nursing orders. In VHA's system, all aspects of a patient's record are integrated, including active problems, allergies, current medications, laboratory results, vital signs, hospitalizations, and outpatient clinic history. These records are all password-protected to guarantee patient privacy. VHA's dedication to operating a state-of-the-art electronic health record system has improved the quality of VHA care and patient safety. Selected features of the system include:

- a checking system to alert clinicians if an order they are entering could cause a problem;
- a notification system that immediately alerts clinicians to clinically significant events;

- a patient posting system that alerts health care providers to issues specifically related to the patient, including crisis notes, adverse reactions, and advance directives;
- templates to automatically create reports;
- an electronic clinical reminder system that alerts clinicians of certain actions such as examinations, immunizations, patient education, and laboratory tests that need to be performed;
- remote data view to allow clinicians to see the patient's medical history at all VA facilities where the patient was seen.

Homelessness is a problem throughout the country, and veterans comprise approximately 25 percent of the homeless population. During the past year, more than 20,000 homeless and at-risk veterans received medical care from VHA, and more than 19,000 veterans received transitional and supported housing, directly or in partnerships with grant and per diem or contract residential care providers. Additionally, VA announced the establishment of a program to provide permanent housing, health care, and other supportive services to those experiencing chronic (long-term) homelessness. Eleven sites were awarded almost \$35 million with funding from the Departments of Housing and Urban Development, Health and Human Services, and VA. Also, VA, through its Homeless Providers Grant and Per Diem Program, presented 44 separate awards to providers in 25 states, 5 of which were states VA had targeted as areas where homeless veterans' needs are most underserved (Idaho, Kansas, Montana, New Hampshire, and Wyoming). With the addition of these awards to other grant and per diem program actions, VA now sup-

ports nearly 7,000 beds that are available to homeless veterans.

VHA increased scientific career opportunities for under-represented minorities. New efforts included: a) supporting institutional collaborations between VA and minority-serving institutions, involving students and faculty partnering with VA mentors; b) providing applied training in research on VA-funded projects to participants ranging from high school students and college undergraduates, to graduates and pre-doctoral students; and c) offering a supportive career path for mentored research within VA for people having completed their clinical fellowships or doctoral training within the last 2 years. The program provides a full salary to awardees for 3 years. This program, modeled after successful programs offered by the National Institutes of Health and the Robert Wood Johnson Foundation, strengthens VHA's partnerships with historically black colleges and universities, Hispanic-serving institutions, tribal colleges and universities, and other institutions with sizeable concentrations of Asian Americans, Pacific Islanders, native Hawaiians, and Alaska natives.

Rural American Indian veterans and native Alaska veterans are benefiting from a new formal agreement between VHA and the Department of Health and Human Services that augments historical local collaboration between VHA and the Indian Health Service (IHS). This agreement advances efforts to share information and technology, develop health promotion programs, and allow joint appointments, financial reimbursements, and provider certification. Formal collaboration, including co-sponsoring of continuing medical training for health care staff, com-

bines the strengths and expertise of both VHA and IHS to increase access and enhance services.

Dr. Susan H. Mather, VA's Chief Public Health and Environmental Hazards Officer, received the Wyeth Award for Women's Health. This award is sponsored annually by Good Housekeeping magazine and the Center for American Women and Politics to honor women in government whose work exemplifies how government improves people's lives. Since assuming leadership of the Women Veterans Health Program, Dr. Mather has established eight Women Veterans Comprehensive Health Centers to develop new and enhanced programs focusing on the unique health care needs of women veterans. This included expanding sexual trauma programs at all VHA facilities, developing guidelines for women's health programs, and hiring women veteran coordinators on a full-time basis at VA medical centers. As a result, women veterans now have increased access to both general and women-specific services offered in a woman-friendly environment.

Dr. Douglas D. Richman received VA's Middleton Award, the Department's highest honor for biomedical investigators. Dr. Richman is directly responsible for major advances in the medical treatment of people with AIDS and HIV. As director of the Research Center for AIDS and HIV Infection at the San Diego VAMC and the Center for AIDS Research at the University of California, San Diego, he is noted for his studies of zidovudine, or azidothymidine (AZT), the first drug approved in the United States to treat HIV. He and his colleagues established the effectiveness of the drug in clinical trials in the late 1980s. Later studies by Dr. Richman revealed the emergence of AZT-

resistant strains of HIV. The appreciation of the importance of HIV drug resistance and his pioneering studies of combination therapy led to the development in the 1990s of a highly active antiretroviral therapy. Recent research by Dr. Richman showed that more than three-quarters of HIV patients in the U.S. with a measurable viral load carry strains of the virus that are resistant to drug therapy, which underscored the need for resistance testing to help identify medications that will be effective for a given patient. Amid these findings, Dr. Richman is in the forefront of efforts that may be of particular importance in the development of an AIDS vaccine. The Middleton Award is given each year to a senior VA investigator for major achievements in areas of prime importance to VA's research mission.

VHA's Center for Veterans Enterprise collaborated with General Dynamics Corporation to hold a Veterans Appreciation Day aimed at increasing opportunities for small businesses. In early April, General Dynamics made its buyers and program managers available at its locations throughout the country to meet with veterans interested in doing business with the company.

The Department of Energy (DOE) and the Environmental Protection Agency (EPA) selected several VA medical centers to receive the Energy Star award for outstanding achievement in efficient use and conservation of energy. The award is given to facilities with energy performance in the top 25 percent of their peers (e.g., both VA and non-VA hospitals are grouped together) using an Internet-based tool called Portfolio Manager. Recently, VA began an energy pilot program to test a new approach to contracting for energy

investments in VA medical facilities in Pennsylvania, West Virginia, New Jersey, California, and Nevada.

Medical Research

VA conducts medical research on a wide array of veterans' illnesses and disabilities, which also benefits the U.S. population as a whole. Some of the exciting advances VA achieved in 2003 include:

- Identifying two therapies that improve several symptoms of Gulf War veterans' illnesses. An editorial in the *Journal of the American Medical Association* termed the study of the first major treatment trial of Gulf War veterans reporting serious health problems a "remarkable achievement."
- Determining that using the anti-convulsive drug, divalproex, in combination with either of two commonly used antipsychotic drugs, olanzapine and risperidone, results in decreased suffering and shorter hospital stays for schizophrenia patients.
- Identifying a synthetic compound that reverses bone loss in mice without affecting the reproductive system, as does conventional hormone replacement therapy. The finding may lead to new treatments to prevent osteoporosis for millions of people and lead to safer alternatives than the hormone treatments recently shown to present greater risks than previously thought.
- Discovering that cereal fiber (such as that found in dark breads and high-fiber breakfast cereals) lowered the risk of stroke and the risk

of dying from heart disease. Neither fruit nor vegetable fiber was associated with similar benefit.

- Determining that vaccinated elderly patients are less likely to be hospitalized for flu complications, such as pneumonia, cardiac disease, and stroke. Fewer deaths also resulted in patients who received flu shots. This adds authority to the importance of public efforts to promote vaccination programs, particularly to older Americans.
- Issuing a Request for Proposals soliciting new Research Enhancement Award program applications highlighting the areas of vaccine development and airborne pathogens/toxins. VHA expects to fully fund six new proposals and anticipates that priority areas related to bioterrorism will be represented.
- Developing DNA vaccine technology and successfully demonstrating the efficacy of such vaccines against the intracellular bacterial pathogen, *Listeria monocytogenes*. The studies suggest that the potential exists for developing DNA vaccines to protect the human population against intracellular microbial agents. A similar result has been demonstrated against the human parasite, *Leishmania donovani*. VA investigators continue their efforts to identify molecular approaches that could be used to enhance the immunogenicity of the DNA vaccine.

Benefits

A cornerstone of VA Secretary Principi's pledge to the Nation in 2001 was to reduce the pending workload in VBA to 250,000 rating

claims by September 30, 2003. Shortly after taking office, the Secretary created a VA Claims Processing Task Force, chaired by the now-VBA Under Secretary for Benefits, to convert that pledge to an actionable plan. VBA devoted much of the last two fiscal years to implementing the recommendations of the task force. On September 30, 2003, the Secretary made good on his pledge when the VBA inventory reached 253,000 claims. Given the fact that the VBA inventory crested at over 432,000 disability claims in early 2002, the achievement of this goal represents a remarkable 41.4 percent reduction in pending claims. In order to achieve this aggressive goal, VBA developed and executed a comprehensive performance management system that increased monthly output by 71 percent, from an average of 40,093 in 2001 to 68,468 claims in 2003.

The Secretary also pledged that claims would be completed in 100 days. While this goal was not achieved at the end of 2003 (claims processed in September 2003 took an average of 156 days), it is significant to note that the age of the inventory of pending claims was reduced from the January 2002 level of 202 days to 111 days. With the underlying age of pending claims approaching 100 days, VBA is now positioned to make significant progress toward reaching the timeliness goal of 100 days by the end of 2004.

The improvements by VBA in terms of reduced inventory numbers and age were not made at the expense of quality. The accuracy of rating benefit entitlement, the measure most related to claimants receiving the proper rate of pay, is now at 85 percent. This is

an improvement from the 81 percent accuracy level in 2002. Further, the improvements made by VBA in disability claims processing were not made at the expense of other VBA programs. The Education Service reduced the time to process original education claims to 23 days. Two years ago it took 50 days. VBA's insurance program is one of the best in the industry, processing claims in under 3 days. Finally, veterans needing a Certificate of Eligibility for the VA loan guaranty program can receive the document in seconds through improved technology rather than the weeks it took in the past.

Fiscal year 2003 was a remarkable year for VBA. To be sure, challenges remain. In 2004, VBA will turn greater attention to the inventory of appeals pending at regional offices, emerging complex issues such as the disability claims associated with Afghanistan and Iraq, and further improvements in quality through enhanced training efforts. The lessons learned in the area of performance management should serve VBA well in addressing these new challenges.

Burial

Primarily through the National Cemetery Administration, VA honors veterans with a final resting place and lasting memorials that commemorate their service to the Nation.

VA provides interment of veterans and eligible family members upon demand. In 2003, almost 90,000 decedents were interred in 120 VA national cemeteries.

VA provides headstones and markers for the graves of eligible persons in

national, state, other public, and private cemeteries. Presidential Memorial Certificates, bearing the President's signature, are issued to recognize the contributions and service of honorably discharged deceased veterans. In 2003, VA processed more than 335,000 applications for headstones and markers and issued over 254,600 Presidential Memorial Certificates. VA also provides an American flag to drape the casket of an eligible deceased veteran. Far more veterans receive a headstone or marker, Presidential Memorial Certificate, and/or American flag from VA than are buried in a national cemetery. Delivery of these benefits is not dependent on interment in a national cemetery.

In 2003, VA maintained about 2.6 million graves and developed nearly 7,000 acres in a manner befitting national shrines, so that bereaved family members are comforted when they come to the cemetery for the interment, or later to visit the grave of a loved one.